MAXIMUS Federal Services

Case Number:	CM14-0156999		
Date Assigned:	09/29/2014	Date of Injury:	06/10/2013
Decision Date:	11/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arkansas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male who reported an injury on 06/10/2013. The injured worker reportedly was descending a flight of stairs when he made a turn onto another set of stairs and twisted his left knee. As he was quickly descending the stairs, he experienced the immediate onset of pain but continued working, was able to complete his work shift with ongoing pain and discomfort. The injured worker's treatment history included medications. Other therapies such as physical therapy or x-ray studies, or MRI studies were not submitted for this review. The injured worker was evaluated on 08/04/2014, and it was documented the injured worker reports pain level at 2/10 at rest. It was noted that the injured worker had undergone ultrasound study dated 10/16/2013 that revealed a left medial meniscus posterior horn tear. However, the official results were not submitted for this review. The injured worker had failed all attempts at aggressive conservative management. Physical examination of the left knee revealed flexion was 125 degrees, extension was 180 degrees. There was positive effusion. There was a positive medial McMurray's sign on the left. Muscle strength and tone on the left was 5/5, and hamstring muscle strength was 5/5. Distal sensation was normal on the left. Reflexes of the patellar and Achilles were 2+. The injured worker had undergone an unofficial MRI scan of the left knee on 04/12/2014 that revealed a horizontal tear of the posterior horn and body of the left medial meniscus within the patella. The treatment plan included the patient is an excellent candidate for arthroscopic left knee partial medial meniscectomy, chondroplasty and debridement. Diagnoses included left medial meniscus, posterior horn tear, 04/12/2014; status postindustrial left knee twisting type injury, 06/10/2013. The Request for Authorization dated 08/04/2014 was for left knee arthroscopic partial medial meniscectomy chondroplasty and debridement, preoperative medical clearance, postoperative physical therapy, continual passive motion, Surgi-Stim unit, and CoolCare cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left Knee Arthroscopic Partial Medial Meniscectomy, Chondroplasty and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The request for left knee arthroscopic partial medial meniscectomy, chondroplasty and debridement is not medically necessary. According to CA/MTUS/ACEOM state that surgical considerations may be indicated for patients who have: Activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear - symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The documents submitted for review failed to include official MRI studies and official ultrasound studies of the left knee. Additionally, the documents submitted for review failed to include the measurements of failed conservative care such as physical therapy. As such, the request for left knee arthroscopic partial medial meniscectomy, chondroplasty and debridement is not medically necessary.

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home CPM (Continuous Passive Motion) device x 14 days:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgi-Stim Unit x 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CoolCare Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.